

SUPERIOR COURT INTERPRETER SERVICES INVOICE

										,							
Interpreter Name												LANGUAGE					
Address – City – State – Zip Code										REGISTERED?		Cert	CERTIFIED?				
Civil Criminal Dependen Ex Parte	minal Family Law pendency Family Law Orientation			ALLOWED PER INVOICE) ITA Court/Mental Illness Parent Ser Juvenile Drug Court Truancy/Al Juvenile Offender Other:					☐ In Person ☐ VIA Telephone		☐ Juveni	LOCATION Seattle Kent Juvenile ITA CC					
DATE	CASE NUMBER CUSTOMER / C		/ CLIENT	NAME OF JUDGE or COMMISSIONER or ROOM NUMBER		EVENT TYPE		COURT APPROVAL SIGNATURE		START TIME	FINISH TIME		DO NOT WRITE IN THIS AREA				
COMMENTS								TOTAL HOURS:									
									TOTAL PAYMENT:								
	ETER CERTIFICATI																
I hereby certify, under penalty of perjury, that this is a true and correct claim for Interpreter services provided by me on behalf of King County Superior Court and					Project Task			Fask	COURT U		ecount Amount						
that no payı	ment for these services	has been receive	d by me to date:					- 4011	11//61								
SICNIATURE	: <u> </u>		DATE:														
SIGNATURE	ī. <u>.</u>		DATE:														
SUBMI King Co	IT TO:																

Attn: Gary Cutler 516 Third Avenue, Room C-203 Seattle, WA 98104

UPDATED: 3/2014

Project	Task	Award	Account	Amount